

South Carolina Department of Disabilities & Special Needs

Contract Compliance Review Tool

Intake, Case Management, Waiver Administration and Early Intervention Providers

ADMINISTRATIVE INDICATORS & GUIDANCE

Review Year July 2019 through June 2020

Shaded indicators represent data collected for Waiver Evidentiary Reports or Home and Community Based Services Transition Plan Reporting.

A1 Administrative / Operational Issues <i>A1 indicators are scored met/ not met.</i>	<i>Please refer to the Source Documents referenced for specific requirements. Key Indicators are based on DDSN Directives, Service Standards, and Medicaid Policies.</i>
A1-03 The Board / Provider has a Human Rights Committee that is composed of a minimum of 5 members and includes representation from a family member of a person receiving services, a person representing those receiving services or a self-advocate nominated by the local self-advocacy group, and a representative of the community with expertise or a demonstrated interest in the care and treatment of persons (employees or former employees must not be appointed). The Board/ Provider has a Human Rights Committee member list (which identifies the above), along with an attendance log for each Human Rights Committee meeting.	<p>South Carolina Code Ann. 44-26-70 requires that each DDSN Regional Center and DSN Board establish a Human Rights Committee. Contract service providers may either use the Human Rights Committee of the local DSN Board or establish their own Committee. Contract providers must have formal documentation of this relationship.</p> <p>Source: South Carolina Code Ann. 44-26-70 and 535-02-DD</p>
A1-04 The Human Rights Committee will provide review of Board / Provider practices to assure that consumer's due process rights are protected.	<p>Minutes shall be taken of each meeting and shall reflect the date and time of the meeting, those Committee members present and absent, and a record of decisions and recommendations in a manner that readily identifies the issues reviewed, the decisions reached, and the follow-up that is necessary. In addition to reviewing Behavior Support Plans and Psychotropic Medications, the provider must document the HRC's review of any use of emergency restraints. The HRC must also receive notification of alleged abuse, neglect, or exploitation. Each Human Rights Committee, in coordination with the Agency, may establish its own mechanism to receive such reports. The HRC should also advise the DSN Board or contract provider agency on other matters pertaining to the rights of people receiving services and other issues identified by the Human Rights Committee or Agency. The sharing of this information and related discussion must be documented in the HRC meeting minutes.</p> <p>Source: 535-02-DD</p>
A1-05 Board / Provider implements a risk management and quality assurance program consistent with 100-26-DD and 100-28-DD.	<p>Board / Provider demonstrates implementation of risk management/quality assurance principles and signed, dated minutes from the Risk Management Committee quarterly reviews through the following measures:</p>

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		<ul style="list-style-type: none"> designated risk manager and a risk management committee written policies/procedures used to collect, analyze and act on risk data documentation of remediation taken; correlating risk management activities with quality assurance activities; developing contingency plan/disaster plan to continue services in the event of an emergency or the inability of a service provider to deliver services. Plan must be reviewed annually. For residential and day service providers: Review of medication errors and remediation (if not conducted through a separate committee for this purpose, documentation must be available). For residential and day service providers: Review of any restraints or restrictive procedures used to ensure compliance with applicable directives. Review of any GERD/ Dysphagia Consultation reports to ensure there has been follow-up on recommendations. <p>Source: 100-26-DD and 100-28-DD</p>
A1-06	<p>Board / Provider demonstrates usage of the current incident management profile data report to:</p> <ul style="list-style-type: none"> evaluate provider specific trends over time evaluate/explain why the provider specific rate is over, under or at the statewide average demonstrate systemic actions to prevent future incidents/ allegations. 	<p>Provider must utilize data available within the DDSN Incident Management System for the prior 12 month period. In the event the provider has not had any reports of incidents, they must document the review of trend data and discuss continued actions to prevent incidents and respond where appropriate. Residential and Day service providers must also document review of data entered in the Therap GER module.</p>
A1-08	The Board/ Provider utilizes an approved curriculum or system for teaching and certifying staff to prevent and respond to disruptive behavior and crisis situations.	<p>*Not Applicable to Case Management Providers</p> <p>Source: 567-04-DD</p>
A1- 10	The Board / Provider /Intake Provider keeps service recipients' records secure and information confidential.	<p>Source: 167-06-DD</p>
A1-13	Case Management providers must have a system that allows access to assistance 24 hours daily, 7 days a week.	<p>Source: SCDDSN Case Management Standards</p>
A1- 16	The Provider demonstrates agency-wide usage of Therap for the maintenance of Case Management records according to the implementation schedule approved by DDSN.	<p>Source: DDSN Therap Requirements</p>
A1-19	The Provider demonstrates agency-wide usage of Therap for the maintenance of Intake records according to the implementation schedule approved by DDSN.	<p>Source: DDSN Therap Requirements</p>
A2	<p>Fiscal Issues</p> <p><i>A2 indicators are scored met/ not met.</i></p>	<p><i>Please refer to the Source Documents referenced for specific requirements. Key Indicators are based on DDSN Directives, Service Standards, and Medicaid Policies.</i></p>
A2-01	The Governing Board approves the annual budget and Comprehensive Financial Reports are presented at least quarterly to the Governing Board with a comparison to the approved budget.	<p>Source: Contract for ...Capitated Model and Contract for Non-Capitated Model</p>

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A2-02	An Annual Audit Report is presented to Governing Board once a year and includes the written management letter. [Board Providers Only]	Source: 275-04-DD
A3	Staff Qualifications, Training, and Reporting Requirements <i>A3 Indicators are scored based on the percentage of compliant files reviewed.</i>	<i>Please refer to the Source Documents referenced for specific requirements. Key Indicators are based on DDSN Directives, Service Standards, and Medicaid Policies.</i>
A3-01	The Board / Provider employs Intake Staff who meet the minimum education requirements for the position.	Source: DDSN Intake Standards
A3-02	The Board / Provider employs Intake Staff who meet the criminal background check requirements for the position.	Source: DDSN Intake Standards, DDSN Directive 406-04-DD
A3-03	The Board / Provider employs Intake Staff who meet the CMS “List of Excluded Individuals/ Entities” check requirements for the position.	Source: DDSN Intake Standards, DDSN Directive 406-04-DD
A3-04	The Board /Provider employs Intake Staff who meet the DSS Central Registry check requirements for the position.	Source: DDSN Intake Standards, DDSN Directive 406-04-DD
A3-05	The Board /Provider employs Intake Staff who meet the Sex Offender Registry check requirements for the position.	Source: DDSN Intake Standards
A3-06	The Board /Provider employs Intake Staff who meet the TB Testing requirements for the position.	Source: DDSN Intake Standards, DDSN Directive 603-06-DD
A3-07	The Board / Provider employs Case Management Staff who meet the minimum education requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Refer to SCDDSN Case Management Standards for educational, vocational and credentialing requirements.
A3-08	The Board / Provider employs Case Management Staff who meet the criminal background check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Source: DDSN Case Management Standards, DDSN Directive 406-04-DD
A3-09	The Board / Provider employs Case Management Staff who meet the CMS “List of Excluded Individuals/ Entities” check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Source: DDSN Case Management Standards, DDSN Directive 406-04-DD
A3-10	The Board /Provider employs Case Management Staff who meet the DSS Central Registry check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Source: DDSN Case Management Standards, DDSN Directive 406-04-DD
A3-11	The Board /Provider employs Case Management Staff who meet the Sex Offender Registry check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Source: DDSN Case Management Standards
A3-12	The Board /Provider employs Case Management Staff who meet the TB Testing requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Source: DDSN Case Management Standards DDSN Directive 603-06-DD
A3-13	The Board /Provider employs Case Management Staff with acceptable reference check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Source: DDSN Case Management Standards DDSN Directive 406-04-DD

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A3-14	The Board /Provider employs Early Intervention Staff who meet the minimum education requirements for the position.	See Early Intervention Manual for educational, vocational and credentialing requirements.
A3-15	The Board /Provider employs Early Intervention Staff who meet the criminal background check requirements for the position.	Source: EI Manual, DDSN Directive 406-04-DD
A3-16	The Board /Provider employs Early Intervention Staff who meet the CMS “List of Excluded Individuals/ Entities” check requirements for the position.	Source: EI Manual, DDSN Directive 406-04-DD
A3-17	The Board /Provider employs Early Intervention Staff who meet the DSS Central Registry check requirements for the position.	Source: EI Manual, DDSN Directive 406-04-DD
A3-18	The Board /Provider employs Early Intervention Staff who meet the TB Testing requirements for the position.	Source: EI Manual, DDSN Directive 603-06-DD
A3-19	The Board /Provider employs Early Intervention Staff with acceptable reference check requirements for the position.	Source: EI Manual, DDSN Directive 406-04-DD
A3-20 R	The Board /Provider employs Waiver Case Management Staff who meet the education requirements for the position.	Refer to SCDDSN waiver manuals for educational, vocational and credentialing requirements.
A3-21 R	The Board /Provider employs Waiver Case Management Staff who meet the criminal background check requirements for the position.	Refer to SCDDSN waiver manuals for educational, vocational and credentialing requirements and DDSN Directive 406-04-DD.
A3-22 R	The Board /Provider employs Waiver Case Management Staff who meet the CMS “List of Excluded Individuals/ Entities” check requirements for the position.	Refer to SCDDSN waiver manuals for educational, vocational and credentialing requirements and DDSN Directive 406-04-DD.
A3-23 R	The Board /Provider employs Waiver Case Management Staff who meet the DSS Registry check requirements for the position.	Refer to SCDDSN waiver manuals for educational, vocational and credentialing requirements and DDSN Directive 406-04-DD.
A3-24 R	The Board /Provider employs Waiver Case Management Staff who meet the Sex Offender Registry check requirements for the position.	Refer to SCDDSN waiver manuals for educational, vocational and credentialing requirements.
A3-25 R	The Board /Provider employs Waiver Case Management Staff who meet the TB Testing requirements for the position.	Refer to SCDDSN waiver manuals for educational, vocational and credentialing requirements and DDSN Directive 603-06-DD.
A3-26	The Board /Provider employs Waiver Case Management Staff with acceptable reference check requirements for the position.	Refer to SCDDSN waiver manuals for educational, vocational and credentialing requirements and DDSN Directive 406-04-DD.
A3-45	Case Managers who provide MTCM or SFCM receive ANE training as required.	Source: DDSN Case Management Standards and DDSN Directive 534-02-DD
A3-46	Case Managers who provide MTCM or SFCM receive training as required.	Source: DDSN Case Management Standards and DDSN Directive 567-01-DD
A3-47 R	Waiver Case Management Staff receive ANE training as required.	Source: DDSN Directive 534-02-DD
A3-48 R	Waiver Case Management Staff receive training as required.	WCMS are required to receive twenty (20) hours of training annually. Training must include the following topic areas: <ul style="list-style-type: none"> • Confidentiality • Annual Level of Care for NF and ICF/IID • Service Authorizations/ Terminations

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		<ul style="list-style-type: none"> • Waiver Participant Disenrollment Source: DDSN Directive 567-01-DD
A3-49	Early Intervention staff receive ANE training as required.	Source: Early Intervention Standards and DDSN Directive 534-02-DD
A3-50	Early Intervention staff receive training as required.	Source: Early Intervention Standards and DDSN Directive 567-01-DD
A3-57	Annually, employees are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws.	Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model

SERVICE AREA INDICATORS & GUIDANCE

Review Year July 2019 through June 2020

IN Intake/ Operational Issues		<i>Please refer to the Source Documents referenced for specific requirements. Key Indicators are based on DDSN Directives, Service Standards, and Medicaid Policies.</i>
IN-01	Contact with the Intake service user is made within five (5) business days of the receipt of an authorization for Intake or reflects more than one (1) attempt to contact within five (5) business days.	Source: Intake Standards
IN-02	Documentation includes sufficient information to prove that a thorough explanation of the following was provided to the service user or his/her representative: <ul style="list-style-type: none"> • The process for Intake including next steps, • DDSN as an agency and how services through DDSN are provided; • Services potentially available through DDSN is determined eligible for services, including the criteria to be met in order for services to be authorized. 	Source: Intake Standards
IN-03	Intake activities are documented within five (5) business days of the occurrence of the activity.	Source: Intake Standards
IN-04	Contact with or on behalf of the service user occurred, at a minimum, every ten (10) business days.	Source: Intake Standards
IN-05	If terminated, Intake was only terminated when, during a thirty (30) calendar day period, at least three (3) consecutive attempts to contact the service user/ representative were unsuccessful or by request from the individual who is going through the Intake Process.	Source: Intake Standards
CM Case Management		<i>Please refer to the Source Documents referenced for specific requirements. Key Indicators are based on DDSN Directives, Service Standards, and Medicaid Policies.</i>
CM-01	The person's file contains approval for Case Management.	A valid precertification date range is acceptable documentation for approval of Case Management. Source: SCDDSN Waiver Case Management Standards, SCDDSN Non-Waiver Case Management Standards

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		Applies to Waiver for dates of service prior to 7/1/19. Applies only to Non-Waiver consumers after 7/1/19.
CM-02	The person's file contains documentation that establishes the person in a target group, if receiving MTCM.	Source: SCDDSN Case Management Standards Applies to Waiver <u>and</u> Non-Waiver consumers
CM-03	An assessment of the person's needs is completed.	Source: SCDDSN Case Management Standards Applies ONLY for Non-Waiver consumers
CM-04	A face-to-face contact with the person in his/her residence is made at the time of initial/annual assessment.	Source: SCDDSN Case Management Standards Applies to Waiver <u>and</u> Non-Waiver consumers
CM-05	A plan addressing the person's assessed needs is completed.	Source: SCDDSN Case Management Standards Applies ONLY for Non-Waiver consumers
CM-06	The plan contains all required components.	Source: SCDDSN Case Management Standards Applies ONLY for Non-Waiver consumers
CM-07	The plan is signed, titled and dated by the Case Manager.	Source: SCDDSN Case Management Standards Applies to Waiver <u>and</u> Non-Waiver consumers
CM-08	The plan is signed by the person or his/her representative.	Source: SCDDSN Case Management Standards Applies to Waiver <u>and</u> Non-Waiver consumers
CM-09	The person must be provided a copy of the plan.	Source: SCDDSN Case Management Standards Applies ONLY to Non-Waiver consumers
CM-10	Annually, people are provided information about abuse, neglect and exploitation and information about critical incidents.	Source: SCDDSN Case Management Standards Applies ONLY for Non-Waiver consumers
CM-11	Contact (face-to-face, email or telephone) is made with the person, his/her family or representative or a provider who provides a service to the person at least every 60 days.	Source: SCDDSN Case Management Standards Applies to Waiver <u>and</u> Non-Waiver consumers
CM-12	The Case Management Assessment and Plan must be reviewed at least 180 days from the Date of the Plan.	Source: SCDDSN Case Management Standards Score ONLY for Non-Waiver consumers
CM-13	The 180 Day Plan Review must be completed in consultation with the person/his/her representative. Consultation must include a face-to-face visit in the person's natural environment.	Source: SCDDSN Case Management Standards Applies to Waiver and Non-Waiver consumers prior to 7/1/19. Score ONLY for Non-Waiver consumers after 7/1/19.
CM-14	Case notes are appropriately documented and include all Case Management activity on behalf of the person and justify the need for Case Management.	Source: SCDDSN Case Management Standards Applies to Waiver <u>and</u> Non-Waiver consumers
WCM Waiver Case Management Activities		<i>Please refer to the Source Documents referenced for specific requirements. Key Indicators are based on DDSN Directives, Service Standards, and Medicaid Policies.</i>
WCM-01 R	For newly enrolled waiver participants, the first non-face-to-face contact is completed within one month of waiver enrollment.	<i>Will not be scored until FY2020-2021. For information only</i>
WCM-02 R	For newly enrolled waiver participants, the first quarterly face-to-face visit is completed within three months of waiver enrollment.	<i>Will not be scored until FY2020-2021. For information only</i>
WCM-03 R	Each month, except during the months when required quarterly face-to face visits are completed, a non-face-to-face contact is made with the participant or his/her representative and documented appropriately.	<i>Will not be scored until FY2020-2021. For information only</i>
WCM-04 R	At least one face-to-face contact must take place in the person's residence every six months.	<i>Will not be scored until FY2020-2021. For information only</i>

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WCM-05 R	Quarterly face-to-face visits are appropriately documented.	Will not be scored until FY2020-2021. For information only
WCM-06	Participants receive two (2) waiver services every month, with the exception of the initial enrollment period (up to 60 days).	Will not be scored until FY2020-2021. For information only
WCM-07 R	Case notes intended to document Waiver Case Management activities are sufficient in content to support Medicaid billing and entered within 7 calendar days.	Will not be scored until FY2020-2021. For information only
WA	Waiver Activities	<i>Please refer to the Source Documents referenced for specific requirements. Key Indicators are based on DDSN Directives, Service Standards, and Medicaid Policies.</i>
WA-01 R	The Plan is developed as required.	Source: Guidelines for the DDSN Planning Process, Waiver Manual
WA-02 R	The plan includes Waiver service(s) name, frequency of the service(s), amount of service(s), duration of service(s), and valid provider type for service(s).	Due to the SCDDSN Waiver Administration Division entering plan information, after 10/30/17, SCDDSN will be held responsible for recoupment and citation of this indicator. This indicator will not be calculated in the provider score. Data will be collected for Waiver Evidentiary Reporting only. Source: Waiver Manual
WA-03 W	Service needs outside the scope of Waiver services are identified in Plans and addressed.	Source: Waiver Manual
WA-04	Needs in the Plan are justified by formal or informal assessment information in the record.	Source: Guidelines for the DDSN Planning Process, Waiver Manual pertaining to needs assessment.
WA-05	Assessment(s) justify the need for all Waiver services included on the plan.	Source: Waiver Manual
WA-06	Services/ Interventions are appropriate to meet assessed needs.	Source: Waiver Manual
WA-07 R	The Plan identifies appropriate funding sources for services/interventions.	Due to the SCDDSN Waiver Administration Division entering plan information, after 10/30/17, SCDDSN will be held responsible for recoupment and citation of this indicator. This indicator will not be calculated in the provider score. Data will be collected for Waiver Evidentiary Reporting only. Source: Guidelines for the DDSN Planning Process for defined resources, Waiver Manual
WA-08	The Plan is provided to the participant/ representative.	Source: Waiver Manual
WA-09 R	The Plan is amended / updated as needed.	Source: Guidelines for the DDSN Planning Process and Waiver Manual.
WA-10	The Support Plan is signed by the person or his/her representative.	Source: Waiver Case Management Standards
WA-11	The Plan is reviewed at least every 180 days.	Score for dates of service prior to 7/1/19. No longer required after 7/1/19 so would be n/a. Refer to Case Management Standards and Guidelines for the DDSN Planning Process

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WA-12	The person/legal guardian (if applicable) will receive information on abuse and neglect annually.	Source: Waiver Manual
WA-13	For ID/RD and CS Waiver – At the time of annual planning, all children enrolled in the ID/RD and CS Waiver receiving CPCA services must have a newly completed physician's order (Physician's Information Form – MSP Form 1), and assessment (SCDDSN Personal Care/Attendant Care Assessment). Physician's order and assessment are required annually.	See MSP forms/attachments in the CPA section of the ID/RD and CS Waiver Manuals.
WA-14 W	Documentation is present verifying that a choice of provider was offered to the participant/family for each new Waiver service.	Source: Waiver Manual
WA-15	The Freedom of Choice Form is present.	Source: Waiver Manual
WA-16	The Initial Level of Care is present.	Review the initial LOC determination to verify it was completed within 30 days prior to or on the date of Waiver enrollment.
WA-17 R	The most current Level of Care Determination is completed appropriately and dated within 365 days of the last Level of Care determination and is completed by the appropriate entity.	Source: Waiver Manual
WA-18 R	The current Level of Care is completed appropriately and supported by the assessments and documents indicated on the Level of Care determination.	Source: Waiver Manual
WA-19	For HASCI – The Acknowledgement of Choice and Appeal Rights Form completed prior to Waiver enrollment and annually.	If participant was a competent adult at time of Waiver initial enrollment or re-enrollment, but physically unable to sign, both the form and a Service Note should indicate why participant's signature was not obtained. Source: Waiver Manual
WA-20	Acknowledgement of Rights and Responsibilities is completed annually.	Source: Waiver Manual
WA-21	Waiver services are provided in accordance with the service definitions found in the Waiver document.	Source: Waiver Manual
WA-22	For ID/RD and HASCI Waiver – If Nursing Services are provided, an order from the physician is present and is consistent with the authorization form.	Source: Waiver Manual
WA-23 R	Authorization forms are properly completed for services as required, prior to service provision.	Source: Waiver Manual
WA-24 R	Authorized waiver services are suspended when the waiver participant is hospitalized, or temporarily placed in an NF or ICF/IID.	NOTE: Not intended for Institutional Respite cases. Source: Waiver Manual
WA-25 R	Waiver termination is properly completed.	Source: Waiver Manual
WA-26 R	The Participant/Legal Guardian (if applicable) was notified in writing regarding any denial, termination, reduction, or suspension of Waiver services with accompanying reconsideration/appeals information.	Not required in the case of death. Source: Waiver Manual
WA-27	Information including the benefits and risks of participant/ representative directed care is provided to the participant/ representative prior to the authorization of Adult Attendant	Source: Waiver Manual

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	Care (ID/RD), Attendant Care (HASCI), or In Home Supports (CS).	
WA-28	Before authorization of Adult Attendant Care Services (ID/RD), Attendant Care (HASCI), or In Home Supports (CS) the absence of cognitive deficits in the participant/ representative that would preclude the use of participant/ representative directed care is assessed and documented.	Source: Waiver Manual
WA-29	Before authorization of Adult Attendant Care Services (ID/RD), Attendant Care (HASCI), or In Home Supports (CS), the participant/ representative is provided information about hiring management and termination of workers as well as the role of the Financial Management System is provided to the participant/ representative.	Source: Waiver Manual
WA-30	For HASCI Waiver – The risks associated with refusing a Waiver service have been identified and documented.	Source: HASCI Waiver Manual
WA-31	For HASCI Waiver – The unavailability of a Waiver service provider is documented and actively addressed.	Source: HASCI Waiver Manual
WA-32	For HASCI Waiver – Copies of Daily Logs for Self-Directed Attendant Care are received and the service is monitored.	Source: HASCI Waiver Manual
WA-33	For individuals awarded a waiver slot within the review period, the waiver enrollment timeline was followed to receive the Freedom of Choice or the Waiver Declination form or to follow the Waiver Non-Signature Declination process.	Source: Waiver Manual
WA-34	For individuals awarded a waiver slot within the review period, the waiver enrollment timeline was followed to request the Level of Care or to follow the Waiver Non-signature Declination process.	Source: Waiver Manual
WA-35	For individuals awarded a waiver slot within the review period, the waiver enrollment timeline was completed to get the individual enrolled in the waiver.	Source: Waiver Manual

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EARLY INTERVENTION INDICATORS & GUIDANCE

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EI Early Intervention		Please refer to the Source Documents referenced for specific requirements. Key Indicators are based on DDSN Directives, Service Standards, and Medicaid Policies.
EI-01	Written Prior Notice is given to the family prior to six-month update and annual IFSP.	Not Applicable to DDSN Only Source: IDEA, BabyNet Manual
EI-02	Written Prior Notice is given to the family prior to a formal change review of the IFSP.	Not Applicable to DDSN Only Source: IDEA, BabyNet Manual
EI-03	The Parent/Caregiver is provided a copy of the Plan annually and at the 6 month review. DDSN only – The Parent/Caregiver is provided a copy of the Plan annually and at the 6 month review within 10 days of completion.	Source: BabyNet Manual, DDSN EI Manual
EI-04 R	Individualized Family Service Plan (IFSP)/Family Service Plan (FSP) is completed annually.	If not met, document review period dates and date range out of compliance. IFSP must be current within one year, not to exceed 6 months from the last 6 month review, if applicable. The last page must be signed by the family and the EI. Source: IDEA, BabyNet Manual, DDSN EI Manual
EI-05	IFSP/FSP six-month review is completed within 6 months from the initial/annual review of the IFSP/FSP.	Source: IDEA, BabyNet Manual, DDSN EI Manual
EI-06	Documentation exists that the Early Childhood Outcomes (ECO) were assessed and documented on the Child Outcome Summary (COS) at entry.	Not Applicable to DDSN Only Source: IDEA, BabyNet Manual
EI-07	Documentation exists that the EI sought the input of other team members during the completion of the entry COS.	Not Applicable to DDSN Only Source: IDEA, BabyNet Manual
EI-08	Documentation exists that the Early Childhood Outcomes (ECO) were assessed and documented on the Child Outcome Summary (COS), if applicable, at exit.	Not Applicable to DDSN Only Note: If the child received six months or less of services, the ECO exit will not be required. No exit required if provider did not complete entry. Source: IDEA, BabyNet Manual
EI-09	Documentation exists that the EI sought the input of other team members during the completion of the exit COS.	Not Applicable to DDSN Only Source: IDEA, BabyNet Manual
EI-10	IFSP/FSP includes current developmental information.	Not Applicable to DDSN Only Source: IDEA, BabyNet Manual, DDSN EI Manual
EI-11	All BabyNet services are listed on the “Planned Services” section of the IFSP, to include intensity, frequency, length, and a start and end date.	Not Applicable to DDSN Only Note: Must have an end date from plan to plan. Source: BabyNet Manual
EI-12	If the child’s IFSP/FSP indicates the need for more than 4 hours per month of family training, the service notes indicate that information has been sent to the Office of Children’s Services for review. A Service Justification Form signed by staff from the Office of Children’s Services	Source: DDSN EI Manual

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	must be present in the file.	
EI-13	All needs that are documented on the child's IFSP are provided within 30 days of identification unless there was a child/parent driven reason why the service wasn't provided.	Not Applicable to DDSN Only If no provider available or the child is placed on a provider waiting list, EI should make monthly attempts to locate a provider. If monthly follow up is documented in services notes, do not cite. Delays in service provision at the request of the family should not be considered. Delays due to the inability to locate a family or their lack of attendance at scheduled appointments should not be considered. Source: BabyNet Manual
EI-14	Transition to other services or settings is coordinated.	Source: DDSN EI Manual, EI Services Provider Manual, BabyNet Manual
EI-15	The Transition referral is sent to the LEA by the time the child turned 2.6 years old.	Not Applicable to DDSN Only Source: EI Services Provider Manual, BabyNet Manual
EI-16	Transition Conference is held no later than 90 days prior to the child's third birthday.	Not Applicable to DDSN Only Source: EI Services Provider Manual, BabyNet Manual
EI-17	Outcomes/goals are based on identified needs and the team's concerns relating to the child's development.	Source: EI Services Provider Manual, BabyNet Manual, DDSN EI Manual
EI-18	Outcomes/goals are/have been addressed by the Early Interventionist.	Source: EI Services Provider Manual, BabyNet Manual, DDSN EI Manual
EI-19	Assessments are completed every 6 months or as often as changes warrant.	Source: EI Services Provider Manual, BabyNet Manual
EI-20 W	Family Training is provided according to the frequency determined by the team and as documented on the IFSP "Planned Services" section of the IFSP or the "Other Services" section of the FSP.	If the parent/caregiver cancels the visit the EI does NOT have to offer to make the visit up. Source: EI Services Provider Manual, BabyNet Manual, DDSN EI Manual
EI-21	Family Training summary sheets include goals and objectives for each visit as well as follow-up objectives for the next visit.	Source: DDSN EI Manual
EI-22 W	Entries for Family Training visits include how parent/caregiver(s) participated in visit.	Source: DDSN EI Manual, EI Services Provider Manual
EI-23	Family Training activities should vary. Activities planned must be based on identified outcomes on the IFSP/FSP.	Source: DDSN EI Manual
EI-24	Family Training activities correspond to outcomes on the outcome/goal section on the IFSP/FSP.	Source: DDSN EI Manual, EI Services Provider Manual
EI-25	Time spent/reported preparing for a Family Training visit corresponds with the activity planned.	Source: DDSN EI Manual, EI Services Provider Manual
EI-26	If the Early Interventionist is unable to provide Family Training for an extended period of time (more than a month) the family is offered a choice of an alternate Early Interventionist.	Source: IDEA, BabyNet Manual, DDSN EI Manual
EI-27	Service Notes document why and how the Early Interventionist participated in meetings/appointments on the child's behalf.	Source: DDSN EI Manual
EI-28	If applicable, documentation in service notes indicates that the case was closed.	Source: DDSN EI Manual
EI-29	Medical Necessity form is completed prior to any services being delivered and/or reported.	Source: EI Services Provider Manual
EI-30	Did the child receive more than 3 hours of FT/SC in any calendar month? (Except for the months in which an <u>initial plan</u> , <u>annual plan</u> , or <u>transition conference</u> were held).	Note: For Informational purposes only. Does not affect the score.

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El-31	Service Agreement is signed and present in file once a need for a DDSN service has been identified.	Not Applicable to BabyNet Only Source: DDSN EI Manual
El-32	The Choice of Early Intervention Provider is offered annually.	Not Applicable to BabyNet Only Source: DDSN EI Manual
El-33	IFSP/FSP "Other Services" section reflects the amount, frequency and duration of services being received. For the IFSP, this section should reflect non-BabyNet services (Waiver, Family Support Funds, Respite, ABC, etc.). For the FSP, this section should reflect all current services.	Not Applicable to BabyNet Only Source: IDEA, BabyNet Manual, DDSN Manual
El-34	DDSN Only – There is a signed Service Justification form in the file for any child 5 years of age or older being served in Early Intervention.	Source: DDSN EI Manual
El-35	DDSN Only – For children who are seeking DDSN eligibility, and family training is identified as a need, the Early Interventionist has 45 days from the eligibility date to complete the FSP.	Source: DDSN EI Manual
El-36	DDSN Only – When file is transferred from another Case Management /Family Training provider a new FSP is completed or the current plan is updated within 14 days.	Source: DDSN EI Manual
El-37	DDSN Only – FSP includes current information relating to vision, hearing, medical and all areas of development to include health.	Source: DDSN EI Manual
El-38	DDSN Only – If less than 2 hours per month of Family Training is identified on the FSP, there is an approved Service Justification Form in the file.	Source: DDSN EI Manual